

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10647335	FILING DATE	
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1						51		
2		1					52		
3			1				53		
4				1			54		
5					1		55		
6						1	56		
7							57		
8							58		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	14						TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	15						TOTAL CLAIMS		